

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 65 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Diane Reed

Telephone: 864 293 5927

Address: 100 Ashe Dr #58  
Greenville SC 29617

Fax:

Other:

Email: reedcharter11c@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other:  |

RECEIVED

FEB 12 2019

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: 2/4/19

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. REED CHARTERS LLC (owner)  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

100 Ashe St #58 Greenville SC 29617  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864 293 5927

Phone

Fax

reedchartersllc@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3. Select Entity Type: (Check one)
- ☒ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and addresses of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

ACCEPTED FOR PROCESSING - 2019 February 12 9:33 AM - SCPSC - 2019-65-T - Page 3 of 40

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Reed Charters LLC

Name of Applicant

100 Ashe Drive #58, Greenville, SC 29617

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 17,324

Limits 5,000,000 CSL

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

**16 or More Passengers\* \$ 25,000/300,000/25,000**

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

Columbia Insurance Company and National Fire & Marine Insurance Company

Name of Insurance Company

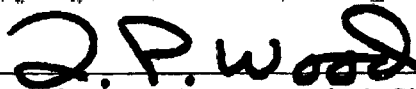
1314 Douglas Street Suite 1400 Omaha, NE 68102-1944

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

02/04/2019

Date



Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

Exhibit FWAREED CHARTERS LLC

Name

2800163

U.S. D.O.T No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes
                    
 ☐ No
                    
 ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory
                    
 ☐ Conditional
                    
 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes
                    
 ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes
                    
 ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes
                    
 ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes
                    
 ☐ No

101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

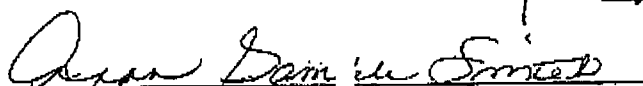
The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Greenville )

SWORN TO BEFORE ME  
This 7<sup>th</sup> day of February, 2019

  
Notary Public

Commission Expires June 16<sup>th</sup>, 2024

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

REED CHARTERS LLC

\*NOT: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

100 Ashie Drive, #58

Street Address

Greenville

29617

City

Zip Code

3. The initial agent for service of process is

Diane Reed

*Diane Reed*

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

100 Ashie Drive, #58

Street Address

Greenville

29617

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Sofia Becerra

Name

1000 N West St, Suite 1200

Street Address

Wilmington

DE

19801

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

Form Revised by South Carolina  
Secretary of State, July 2012  
SC Secretary of State  
Mark Hammond

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company -- Domestic  
Filing Fee - \$110.00**

**TYPE OR PRINT CLEARLY IN BLACK INK**

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1. The name of the limited liability company (Company ending must be included in name\*)

REED CHARTERS LLC

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2. The address of the initial designated office of the limited liability company in South Carolina is

100 Ash Drive, #58

Street Address

Greenville

29617

City

Zip Code

3. The initial agent for service of process is

Diane Reed

*Diane Reed*

Name

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

100 Ash Drive, #58

Street Address

Greenville

29617

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one

(a) Sonnet Becerra

Name

100 N West St, Suite 1200

Street Address

Wilmington

DE

19801

City

State

Zip Code

(b)

Name

Street Address

City

State

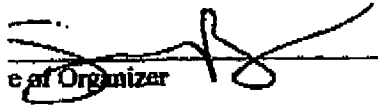
Zip Code

Form Revised by South Carolina  
Secretary of State, July 2012



Name of Limited Liability Company REED CHARTERS LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) Diane Reed  
 Name \_\_\_\_\_  
100 Ash Drive. #58  
 Street Address \_\_\_\_\_  
Greeville SC 29617  
 City State Zip Code
- (b) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
 \_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Signature of Organizer 

12/6/2017

Date

Signature of Organizer \_\_\_\_\_

Date

Form Revised by South Carolina  
Secretary of State, July 2012

**STATEMENT OF ORGANIZER  
IN LIEU OF ORGANIZATION MEETING  
OF  
REED CHARTERS LLC**

THE UNDERSIGNED, being the Authorized Person ("Organizer") of REED CHARTERS LLC, a limited liability company of the State of South Carolina does hereby adopt the following resolutions and takes the following action by written consent in lieu of a meeting.

RESOLVED, that a copy of the Certificate of Formation of REED CHARTERS LLC, as filed in the Office of the Secretary of State of South Carolina on 20th December 2017 be, and the same hereby is, ordered filed in the minute book of the limited liability company; and

RESOLVED that the number of initial Members forming this limited liability company shall be at least one (1); and

RESOLVED, that from December 20, 2017 hence, the undersigned has fulfilled the duties of Organizer and relinquishes all further duties to the Members/Managers of REED CHARTERS LLC, and

RESOLVED, that simultaneous with the Organizer's transfer of all further duties to the Members/Managers, the said Organizer resigns such office effective December 20, 2017; and

RESOLVED, that the following named persons shall constitute the initial Members (owner) of REED CHARTERS LLC:

**Diane Reed**

Signed and executed by the Organizer on December 20, 2017.



Sonia Becerra, Organizer